|   |   |  |                         |                                       |            |                  |        |                 | Application or Docket Number |         |                    |                        |  |  |
|---|---|--|-------------------------|---------------------------------------|------------|------------------|--------|-----------------|------------------------------|---------|--------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO   |   |  |                         |                                       |            |                  |        |                 | 10696219                     |         |                    |                        |  |  |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY |   |  |                         |                                       |            |                  |        |                 |                              |         |                    |                        |  |  |
| F   | OTAL CLAIM                                      | S  | IA                      |                                       |            |                  | ].     | RATE            | FEE                          | ٦̈́     | RATE               | FEE                    |  |  |
| F   | OR  |  | NUMBER FILED            |                                       | NUM        | BER EXTRA        | BASIC  |                 | EE 385.0                     |         |                    | <del> </del>           |  |  |
| 7   | OTAL CHARGE                                     | ABLE CLAIMS                                  | 1/1/1                   | inus 20=                              | •          | /                | X\$ 9- |                 |                              | OF      | <b></b>            |                        |  |  |
| iN  | DEPENDENT (                                     | CLAIMS                                       | ~                       | ninus 3 =                             | •          | /                | X43    |                 | +                            | ┪▔      | -                  |                        |  |  |
| ×   | ULTIPLE DEPE                                    | NDENT CLAIM F                                | RESENT                  |                                       |            |                  |        | +145=           | -                            | OF      | 1                  |                        |  |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2                    |   |  |                         |                                       |            |                  | ١,     | TOTAL           |                              | JOF     | <b></b>            | X                      |  |  |
|   | . CLAIMS AS AMENDED . DADT II                   |  |                         |                                       |            |                  |        |                 | ·                            | OF      |                    | 770                    |  |  |
|   | 5/1704 (Column 1) (Column 2) (Column 3          |  |                         |                                       |            |                  |        | SMALI           | L ENTITY                     | OR      | SMALL              |                        |  |  |
| AMENDMENTA  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                         | HIGHI<br>NUME<br>PREVIO<br>PAID F     | BER        | PRESENT<br>EXTRA |        | RATE            | ADDI-<br>TIONAL<br>FEE       |         | RATE               | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total   | 1. 15  | Minus                   | - 78                                  |            | - 1              | 1 [    | X\$ 9=          |                              | OR      | X\$18=             |                        |  |  |
| 3   | Independent                                     | · 2  | Minus                   | A                                     |            | • /              | lt     | X43=            | 1                            | OR      | X86=               | 2000                   |  |  |
|   | FIRST PRES                                      | ENTATION OF MI                               | ULTIPLE DEPENDENT CLAIM |                                       |            |                  | !  -   | . 445           | 1-                           | 1       |                    | 27.0                   |  |  |
|   | <i>3</i>  |  |                         |                                       |            |                  |        | +145=           | <del> </del>                 | OR      | +290=              | 2 67                   |  |  |
|   | (Cohima 1)                                      |  |                         |                                       |            |                  |        |                 | ADDIT. FEE 200               |         |                    |                        |  |  |
|   | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |  |                         |                                       |            |                  |        | <u> </u>        | LAGGE                        | 3 :     |                    |                        |  |  |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT              |                         | PAID F                                | USLY       | PRESENT<br>EXTRA |        | RATE            | ADDI-<br>TIONAL<br>:FEE      |         | RATE               | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total   | . 15   | Minus                   | - 2                                   | 0          |                  | ŀΓ     | X\$ 9=          |                              | OR      | X\$18=             | $\overline{}$          |  |  |
|   | Independent                                     | · 4  | Minus                   | 4                                     |            | 6                |        | X43=            |                              | OR.     | X86=               | $\overline{}$          |  |  |
|   |   | NTATION OF MU                                | LTIPLE DEI              | PENDENT (                             | LAIM       | <u> </u>         |        | +145=           |                              | OR      | +290»              | /-                     |  |  |
| _   | 3 3 0 (Cotumn 1) (Cotumn 2) (Cotumn 3)          |  |                         |                                       |            |                  |        | TOTAL           |                              | OR      | TOTAL              |                        |  |  |
| ADOIT. FEE ADOIT. FEE ADOIT. FEE ADOIT. FEE   |   |  |                         |                                       |            |                  |        |                 |                              |         |                    |                        |  |  |
|   |   | CLAIMS REMAINING APTER AMENDMENT             |                         | HIGHE:<br>NUMBE<br>PREVIOU<br>PAID FO | IR<br>ISLY | PRESENT          |        | RATE            | ADDI-<br>TIONAL<br>FEE       |         | RATE               | ADDI-<br>TIONAL        |  |  |
|   | Total   | 1/17   | Minus                   | - 20                                  |            | · d              |        | X\$ 9=          | FLE                          | OR      | X\$18=             | _FEE_                  |  |  |
|   | Independent                                     |  | Minus                   | tes 4                                 |            | -(U)             | -      | X49:            |                              |         | X86=               |                        |  |  |
|   | FIRST PRESE                                     | NTATION OF MU                                | LTIPLE DEP              | ENDENT C                              | MIAL       | / [              | ·  -   |                 |                              | OR      |                    |                        |  |  |
| • #   | the entry in coom                               | on 1 is less than the                        | entry lo cobe           | nn 2 who 4                            | r in and   | rom 3            | Ŀ      | 145=            | ·                            | OR      | +290==             |                        |  |  |
| - 4   | the Trighest Num                                | iber Previously Pale<br>iber Previously Pale | For IN THE              | SPACE N M                             | esa Mara   | 20. enter "20 "  | ADI    | TOTAL<br>M. FEE | ·                            | OR A    | TOTAL<br>DON'T FEE |                        |  |  |
| Ť   | he Highest Numb                                 | er Previously Paid                           | For (Total or           | Independent                           | ) is the   | highest number   | tound  | in the app      | repriate box                 | in colu | mn 1.              |                        |  |  |

FORM PTO-025 (Rev. 10/02)

10/696319